

Patient Personal Record

| | | | |
|--------------------------------------------------------------------------------------------------------|-------------|-------|------------|
|  Hobbs, Billie | Sex Male | DOB | Age 38 yrs |
| Chart # HOBBI0001 | SSN # | Phone | (H) |

| | | | |
|----------------------|-------------------------------|------------------------|-------------------|
| First Name | Billie | Address1 | |
| Last Name | Hobbs | Address2 | |
| Middle Initial | | City | |
| SSN | | State | |
| Suffix | | Zip Code | |
| Father Name | | Country | |
| Mother Name | | Preferred Phone | |
| Mother's Maiden Name | | Call Preference Order | |
| Alias Name | | Home Phone | [REDACTED] |
| Date of Birth | [REDACTED] | Work Phone | |
| Birth State | | Fax | |
| Sex | Male | Cell Phone | |
| Guardian | | E-mail Address | |
| Work Status | | Driving License | |
| Industry | | Significant Others | |
| Occupation | | Emergency Contact 1 | Phone # |
| Employer | | Emergency Contact 2 | Phone # |
| Attorney | | Signature on File | |
| Adjuster | | Release of Info Signed | |
| Student Status | | Preferred Language | |
| Blood Group | | Pharmacy | |
| Race | | Consent | |
| Ethnicity | | Disable Health Alerts | No |
| Smoker | | External Rec# | NPI |
| Marital Status | | Treatment Status | |
| Patient Type | | Custom Field1 | |
| Referring Provider | | Custom Field2 | |
| Other Ref. Provider | | Generate Statement | Yes |
| Pri. Care Provider | | Exemption from | |
| Principal Provider | Dr. Colleen Kennedy | Reporting | No |
| Visit Location | Business Office Dallas | Communication | |
| Patient Category | | Preference | |
| | | Comments | |
| | | No Known Problems | No |
| | | MU Demographic | |
| | | Exclusion | |
| | | Patient Portal Module | Opt Out |
| | | Send Direct Message | Disabled |
| | | Last Payment Date | |
| | | Last Payment Amount | |
| | | Last Modified Date | 11/04/2014 |
| | | Last Modified By | |

GOVERNMENT**EXHIBIT****609****4:18-CR-368**

Visit Report - Hobbs, Billie - 02/04/2014 0:00 AM(CST) (OmniMD)

Page 1 of 1

Patient : **Hobbs, Billie** Sex : Male
Chart# : HOBBI0001 DOB : [REDACTED]
Phone : [REDACTED] (H), Address : , , ,
Ref By :

DOS : **02/04/2014 0:00 AM(CST)** (15 mins), Location: CIK Business Office Rockwall

Chief Complaint:

Attended By: Dr. Colleen Kennedy (214-775-1356)

Employer:

Allergies

No Allergies Recorded.

Current Medications

Prescriptions and Lab Orders

Diagnoses

DIAGNOSES

Procedures

PROCEDURES

Disposition

| | | | | | |
|--------------|----------|-------|----------------|---------|-------|
| Patient | | DOB | Insurance Info | | |
| Billie Hobbs | | | | | |
| Home Phone | | | | | |
| Address | | | | | |
| City | MESQUITE | State | TX | Zip | 75149 |
| Allergies | | Diag. | | | |
| | | | Carrier: | | |
| | | | Bin# | PCN# | |
| | | | Group # | | |
| | | | Workers Comp | Yes | No |
| | | | DOI | Claim # | |

Back & Radicular Pain

BRP-33

- Clonidine 0.20%
- Gabapentin 6%
- Flurbiprofen 10%
- Bupivacaine HCL 5%
- Magnesium Chloride 10%
- Dexketorophan HBr 10%

(Dispensing Quantity: 300mLs OR Other Quantity: 140)
(SIG: Apply 1-2 pumps to affected area 3-4 times daily. 1 pump = 1.5 mLs. Refills: PRN)

BRP-4

- Gabapentin 6%
- Clonidine 0.1%
- Diclofenac 2%
- Lidocaine 2%
- Pentoxyline 2%

(Dispensing Quantity: 300mLs OR Other Quantity: 140)
(SIG: Apply 1-2 pumps to affected area 3-4 times daily. 1 pump = 1.5 mLs. Refills: PRN)

NCP-55

- Baclofen 2%
- Gabapentin 6%
- Imipramine 3%
- Nifedipine 2%
- Bupivacaine HCL 5%
- Magnesium Chloride 15%
- Dexketorophan HBr 5%
- Flurbiprofen 10%

(Dispensing Quantity: 300mLs OR Other Quantity: 140)
(SIG: Apply 1-2 pumps to affected area 3-4 times daily. 1 pump = 1.5 mLs. Refills: PRN)

NCP-7

- Flurbiprofen 20%
- Baclofen 2%
- Cyclobenzaprine 2%
- Gabapentin 6%
- Lidocaine 2.5%

(Dispensing Quantity: 300mLs OR Other Quantity: 140)
(SIG: Apply 1-2 pumps to affected area 3-4 times daily. 1 pump = 1.5 mLs. Refills: PRN)

NCP-88

- Baclofen 2%
- Cyclobenzaprine 2%
- Flurbiprofen 15%
- Gabapentin 6%
- Magnesium Chloride 15%
- Dexketorophan HBr 5%

(Dispensing Quantity: 300mLs OR Other Quantity: 140)
(SIG: Apply 1-2 pumps to affected area 3-4 times daily. 1 pump = 1.5 mLs. Refills: PRN)

NCP-99

- Baclofen 2%
- Cyclobenzaprine 2%
- Gabapentin 6%
- Bupivacaine HCL 5%
- Diclofenac 5%
- Magnesium Chloride 15%
- Dexketorophan HBr 10%

(Dispensing Quantity: 300mLs OR Other Quantity: 140)
(SIG: Apply 1-2 pumps to affected area 3-4 times daily. 1 pump = 1.5 mLs. Refills: PRN)

General Pain / Inflammation

GPI-2

- Tramadol 5%
- Flurbiprofen 20%
- Cyclobenzaprine 2%
- Baclofen 2%

(Dispensing Quantity: 300mLs OR Other Quantity: PRN)
(SIG: Apply 1-2 pumps to affected area 3-4 times daily. 1 pump = 1.5 mLs. Refills: PRN)

OTHER FORMULATION

Alternative SIG:

Prescriber Name: Colleen Kennedy, MD

NPI # 1508897810

Lic. #: M7325 DEA #: BK8400068

Address: 1309 Ridge Rd. Ste107, Rockwall, TX 75087

Phone #: 214-775-1356 Fax #: 214-613-2231

Signature (Note: Manual Signature Required for CS)

Date: 2/1/14

Note: Ketamine is Schedule III controlled substance.

CONFIDENTIAL

GX609.003

KEN001665

DOJ-18CR368-0117828

Patient Personal Record

| | | | |
|------------------------------------------------------------------------------------------------------|-------------|-------|------------|
|  Hobbs, Paul | Sex Male | DOB | Age 39 yrs |
| Chart # HOBPA0001 | SSN # | Phone | (H) |

| | | | |
|----------------------|-------------------------------|--------------------------|------------|
| First Name | Paul | Address1 | |
| Last Name | Hobbs | Address2 | |
| Middle Initial | | City | |
| SSN | | State | |
| Suffix | | Zip Code | |
| Father Name | | Country | |
| Mother Name | | Preferred Phone | |
| Mother's Maiden Name | | Call Preference Order | |
| Alias Name | | Home Phone | |
| Date of Birth | | Work Phone | |
| Birth State | | Fax | |
| Sex | Male | Cell Phone | |
| Guardian | | E-mail Address | |
| Work Status | | Driving License | |
| Industry | | Significant Others | |
| Occupation | | Emergency Contact 1 | Phone # |
| Employer | | Emergency Contact 2 | Phone # |
| Attorney | | Signature on File | |
| Adjuster | | Release of Info Signed | |
| Student Status | | Preferred Language | |
| Blood Group | | Pharmacy | |
| Race | | Consent | |
| Ethnicity | | Disable Health Alerts | No |
| Smoker | | External Rec# | NPI |
| Marital Status | | Treatment Status | |
| Patient Type | | Custom Field1 | |
| Referring Provider | | Custom Field2 | |
| Other Ref. Provider | | Generate Statement | Yes |
| Pri. Care Provider | | Exemption from Reporting | No |
| Principal Provider | Dr. Colleen Kennedy | Communication Preference | |
| Visit Location | Business Office Dallas | Comments | |
| Patient Category | | No Known Problems | No |
| | | MU Demographic Exclusion | |
| | | Patient Portal Module | Opt Out |
| | | Send Direct Message | Disabled |
| | | Last Payment Date | |
| | | Last Payment Amount | |
| | | Last Modified Date | 11/04/2014 |
| | | Last Modified By | |

Visit Report - Hobbs, Paul - 02/04/2014 0:00 AM(CST) (OmniMD)

Page 1 of 1

Patient : **Hobbs, Paul** Sex : Male

Chart# : HOBPA0001 DOB : _____
Phone : _____(H), Address : , , ,
Ref By :

DOS : **02/04/2014 0:00 AM(CST)** (15 mins), Location: CIK Business Office Rockwall

Chief Complaint:

Attended By: Dr. Colleen Kennedy (214-775-1356)

Employer:

Allergies

No Allergies Recorded.

Current Medications

Prescriptions and Lab Orders

Diagnoses

DIAGNOSES

Procedures

PROCEDURES

Disposition

| | |
|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
|  |  |
| BlueCross BlueShield | |
| <hr/> | |
| Subscriber Name: PAUL G. HOEBS | Plan: ActiveCare 2 |
| Identification Number: ISD837515572 | |
| Group Number: 085000 | Primary Care \$30 |
| Coverage Date: 01/01/14 | Specialist Care \$50 |
| | Emergency Room \$150 |
| TRS ER copay in addition to 20% after deductible |  |

CONFIDENTIAL

GX609.006

KEN001668

DOJ-18CR368-0117831

| | | | | |
|------------|------------|-------|----------------|--------|
| Patient | | DOB | Insurance Info | |
| PAUL Hobbs | | | | |
| Home Phone | Cell Phone | | Carrier: | |
| Address | | | Bin# | PCN# |
| City | State | Zip | Group # | |
| MESQUITE | TX | 75149 | Workers Comp | Yes No |
| Allergies | Diag. | DOI | Claim # | |

Back & Radicular Pain

BRP-33
 • Clonidine 0.20%
 • Gabapentin 6%
 • Flurbiprofen 10%
 • Bupivacaine HCL 5%
 • Magnesium Chloride 10%
 • Dexketorphan HBr 10%

BRP-4
 • Gabapentin 6%
 • Clonidine 0.1%
 • Diclofenac 2%
 • Lidocaine 2%
 • Pentoxifylline 2%

(Dispensing Quantity: 300mLs OR Other Quantity: _____)
 (SIG: Apply 1-2 pumps to affected area 3-4 times daily. 1 pump = 1 mLs Refills: _____)

NCP-55
 • Baclofen 2%
 • Gabapentin 6%
 • Imipramine 3%
 • Nifedipine 2%
 • Bupivacaine HCL 5%
 • Magnesium Chloride 15%
 • Dexketorphan HBr 5%
 • Flurbiprofen 10%

NCP-88
 • Baclofen 2%
 • Cyclobenzaprine 2%
 • Flurbiprofen 15%
 • Gabapentin 6%
 • Magnesium Chloride 15%
 • Dexketorphan HBr 5%

(Dispensing Quantity: 300mLs OR Other Quantity: _____)
 (SIG: Apply 1-2 pumps to affected area 3-4 times daily. 1 pump = 1 mLs Refills: _____)

NCP-7
 • Flurbiprofen 20%
 • Baclofen 2%
 • Cyclobenzaprine 2%
 • Gabapentin 6%
 • Lidocaine 2.5%

NCP-99
 • Baclofen 2%
 • Cyclobenzaprine 2%
 • Gabapentin 6%
 • Bupivacaine HCL 5%
 • Diclofenac 5%
 • Magnesium Chloride 15%
 • Dexketorphan HBr 10%

(Dispensing Quantity: 300mLs OR Other Quantity: 240)
 (SIG: Apply 1-2 pumps to affected area 3-4 times daily. 1 pump = 1 mLs Refills: 1)

General Pain / Inflammation

GPI-2
 • Tramadol 5%
 • Flurbiprofen 20%
 • Cyclobenzaprine 2%
 • Baclofen 2%

OTHER FORMULATION

(Dispensing Quantity: 300mLs OR Other Quantity: _____)
 (SIG: Apply 1-2 pumps to affected area 3-4 times daily. 1 pump = 1 mLs Refills: _____)

Alternative SIG: _____

Prescriber Name: Colleen Kennedy, MD

NPI # 1508897810

Lic. #: M7325 DEA #: BK8400068

Address: 1309 Ridge Rd. Ste107, Rockwall, TX 75087

Phone #: 214-775-1356 Fax #: 214-613-2231

Signature (Note: Manual Signature Required for CS) _____

Date: 2/1/19

Note: Ketamine is Schedule III controlled substance.

CONFIDENTIAL

GX609.007

KEN001669

DOJ-18CR368-0117832